

**ERIE'S PUBLIC SCHOOLS  
FAMILY MEDICAL LEAVE REQUEST FORM**

**EMPLOYEE INFORMATION:**

EMPLOYEE NAME: \_\_\_\_\_ EMPLOYEE #: E0 \_\_\_\_\_

LOCATION: \_\_\_\_\_ POSITION: \_\_\_\_\_

**REASON FOR REQUESTED LEAVE:**

Medical leave for my own chronic or serious health condition (specify): \_\_\_\_\_

Birth of my son or daughter

Placement of a child with me for:  Adoption  Foster Care (anticipated date of placement): \_\_\_\_\_

Care of:  Spouse  Parent of Employee  Son/Daughter  Other (explain relationship): \_\_\_\_\_

Family member's full name/address: \_\_\_\_\_ Age if child: \_\_\_\_\_

Military Exigency: Reason: \_\_\_\_\_  
(employee's spouse, child, or parent on active duty or has been notified of impending call or order to active duty) – see Fact Sheet #28M(c) re: Qualifying Exigencies at: <https://www.dol.gov/whd/regs/compliance/whdfs28mc.pdf>

Military Caregiver (employee's spouse, child, parent or next of kin) – see Fact Sheet #28M(b) re: Military Caregiver Leave at: <https://www.dol.gov/whd/regs/compliance/whdfs28mb.pdf>

**AMOUNT OF LEAVE:**

**Continuous Leave:** Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ (last day of leave)

**Reduced or Intermittent Leave Schedule (explain below):** Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**EMPLOYEE CERTIFICATION AND SIGNATURE:** *I hereby certify that the information given above is true and correct to the best of my knowledge. I understand that misrepresentation or omission of the reason for leave or any of the facts supporting the need for leave will result in denial of the leave and will subject me to discipline up to and including termination.*

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR HUMAN RESOURCES DEPARTMENT USE ONLY:**

**FMLA Approved:**  Yes  No

**Reason for Denial:**

Employed under 12 mos.  Worked under 1250 hrs in preceding 12 mos.  Non-qualifying reason  FMLA time exhausted

Remarks: \_\_\_\_\_

In lieu of FMLA the following type Leave has been approved:  Paid/Unpaid Medical Leave  Unpaid Personal Leave

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Director of Human Resources

\* FMLA information will be maintained in a confidential file.